

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8		2					58					
9	1						59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16		2					66					
17	1						67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24		2					74					
25	1						75					
26	1						76					
27	1						77					
28	1						78					
29	1						79					
30	1						80					
31	1						81					
32		1					82					
33							83					
34	1						84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	11						TOTAL IND.					
TOTAL DEP.	24						TOTAL DEP.					
TOTAL CLAIMS	35						TOTAL CLAIMS					